

**DISB**Government of the District of Columbia
Department of Insurance, Securities and Banking

2022 RX GUIDE

HIV/AIDS

If you or a family member covered under your health plan has a diagnosis of HIV/AIDS, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of 13 commonly prescribed drugs to treat HIV/AIDS. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug cost-sharing.

Reference the chart on the next page alongside your potential plans' Summary of Benefits and Coverage (SBC) to get an idea of your out-of-pocket prescription cost.

As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.

Government of the District of Columbia
Department of Insurance, Securities and Banking

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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

2022 HIV/AIDS Rx Review Guide

Covered HIV/AIDS Drugs	District of Columbia Insurance Companies							
	Aetna		CareFirst		Kaiser		United Healthcare	
Drug Name	Restrictions	Copayment/ Coinsurance	Restrictions	Copayment/ Coinsurance ¹	Restrictions	Copayment/ Coinsurance*	Restrictions	Copayment/ Coinsurance ²
Truvada	N/A	NC	PA/ST	\$0-\$75 after ded	N/R	\$50-\$110; 0%-50%~	N/R	\$0-\$125
Emtricitabine/Tenofovir Disoproxil Fumarate (Generic Truvada)	N/R	\$12-15	N/R	\$0-25 after ded	N/R	\$5-\$110; 0%-50%~	N/R	\$5-10
Norvir	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$40
Atripla/ Generic Atripla	N/R	NC/\$12-\$15	Not covered		N/R	25-\$110; 0%-50%	Not covered	
Prezista	N/R	\$55-\$65	N/R	\$0-\$75 after ded.	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$50
Isentress	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$50
Reyataz	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$50
Complera	N/R	N/C	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$125
Stribild	N/R	N/C	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$125
Abacavir Sulfate/ Lamivudine	N/R	\$12-\$15	N/R	\$0-\$25 after ded	N/R	\$5-\$45; 0%-20%	N/R	\$0-\$50
Epzicom	Not covered		Not covered		N/R	\$25-\$110; 0%-50%	Not covered	
Kaletra	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	0-125 tablet \$0- 125 oral solution
Tivicay	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$80

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.

KEY	
ST	Step Therapy
PA	Pre-Authorization
N/A	Not Applicable
N/C	Not Covered
N/R	No Restriction
Ded	Deductible

*The cost share for this drug could be a copayment or coinsurance depending on the plan.

¹ Coinsurance is 20% after deductible (\$150 max).

² The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 30% - 50%.

~ Zero cost only for HIV pre-exposure prophylaxis